

HOW TO BILL FOR NURSING HOME ADD-ON CODE S0317 (ALSO KNOWN AS “PASRR LEVEL II ADD-ON”)

Nursing Homes Billing for Add-On Services Provided in a Nursing Facility

Nursing facilities may bill for the add-on code S0317, also known as the “PASRR Level II add-on,” for dates of service on or after January 1, 2019. The add-on may only be billed if MassHealth is the primary payer for nursing facility room and board. Nursing facilities should submit claims for the add-on services directly to MassHealth as indicated below.

BILL NURSING HOME ADD ON RATE USING AN INSTITUTIONAL 837I OUTPATIENT CLAIM

These are the values that are different than what a Nursing Home normally bills for.

On the 837I transaction enter a Type of Bill TOB: **231**

Use a Revenue Code: **0220 Special Charges General Classification**

With a HCPCS Code: **S0317 DISEASE MANAGEMENT PROGRAM; PER DIEM**

Enter the total number of days

IF BILLING ELECTRONICALLY ON THE INSTITUTIONAL 837I

TYPE OF BILL From page 145 of the 837I Guide:

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

005010X223 • 837 • 2300 • CLM
CLAIM INFORMATION

REQUIRED	CLM05	C023	HEALTH CARE SERVICE LOCATION INFORMATION To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	O 1
REQUIRED	CLM05 - 1	1331	Facility Code Value Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.	M AN 1/2
IMPLEMENTATION NAME: Facility Type Code				
REQUIRED	CLM05 - 2	1332	Facility Code Qualifier Code identifying the type of facility referenced SEMANTIC: C023-02 qualifies C023-01 and C023-03.	O ID 1/2
CODE DEFINITION				
A Uniform Billing Claim Form Bill Type CODE SOURCE 236: Uniform Billing Claim Form Bill Type				
REQUIRED	CLM05 - 3	1325	Claim Frequency Type Code Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type	O ID 1/1
IMPLEMENTATION NAME: Claim Frequency Code				
CODE SOURCE 235: Claim Frequency Type Code				

USE TOB
231

REVENUE AND HCPCS CODE From page 424 of the 837I:

005010X223 • 837 • 2400 • SV2
INSTITUTIONAL SERVICE LINE

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV201	234	Product/Service ID Identifying number for a product or service SYNTAX: R0102 SEMANTIC: SV201 is the revenue code. IMPLEMENTATION NAME: Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.	X 1 AN 1/48

USE REVENUE
CODE 0220

From page 425 and 426 of the 837I:

REQUIRED	SV202 - 1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) SEMANTIC: C003-01 qualifies C003-02 and C003-08. IMPLEMENTATION NAME: Product or Service ID Qualifier and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System	M ID 2/2
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ENTER HC

HC

REQUIRED	SV202 - 2	234	Product/Service ID Identifying number for a product or service SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs. IMPLEMENTATION NAME: Procedure Code	M AN 1/48
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ENTER HCPCS
CODE S0317

REQUIRED	SV203	782	Monetary Amount Monetary amount SEMANTIC: SV203 is the submitted service line item amount. IMPLEMENTATION NAME: Line Item Charge Amount This is the total charge amount for this service line. The amount is inclusive of the provider's base charge and any applicable tax amounts reported within this line's AMT segments.	O 1 R 1/18
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ENTER
CHARGES

REQUIRED

SV204

355

Unit or Basis for Measurement Code

X 1

ID

2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SYNTAX: P0405

ENTER DA

CODE

DEFINITION

DA

Days

UN

Unit

REQUIRED

SV205

380

Quantity

X 1

R

1/15

Numeric value of quantity

SYNTAX: P0405

ENTER #
OF DAYS

IMPLEMENTATION NAME: **Service Unit Count**

The maximum length for this field is 8 digits excluding the decimal.
When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.

IF BILLING ON DIRECT DATA ENTRY (DDE)¹

Health and Human Services



November 21, 2018

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Billing Information

Previous ICN

Type of Bill *

Billing Provider Taxonomy

Billing Provider ID *

Member ID *

Patient Account # *

Last Name *

First Name * MI

DOB *

Gender *

Member Address 1 *

Member Address 2

Member City *

Member State *

Member Zip *

Medical Record #

Assignment of Benefits Ind *

Provider Accepts Assignment *

Claim Filing Indicator *

Release of Information *

Service Information

From Date *

Through Date *

Patient Status *

Admit or Visit Source *

Admission or Visit Type *

Admission Date

Admission Hour

Discharge Hour

Delay Reason Code

Claims Charges

Total Charges *

Patient Responsibility

* Patient Account Number field: type in the Patient Account Number

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List of Institutional Services

There is a maximum of 999 institutional service detail records.

>	Detail	Rev Code	Service Date Range	HCPCS Procedure	Units	Charges
>	01	0220	08/01/2018 - 08/31/2018	S0317	31	\$600.00

Institutional Service Detail

Detail 01

Revenue Code * 0220

HCPCS Procedure Code S0317

Modifier 1

Modifier 2

Modifier 3

Modifier 4

From Date of Service

To Date of Service

Units *

Units of Measurement * UN - Unit

Charges * \$600.00

Co-pay